



STATE OF MICHIGAN

Request For Proposal No. 200000002287
Prisoner Health Care and Pharmacy Services

SCHEDULE A STATEMENT OF WORK CONTRACT ACTIVITIES

This schedule identifies the anticipated requirements of any Contract resulting from this RFP. The term "Contractor" in this document refers to a bidder responding to this RFP.

The Contractor must respond to each requirement or question according to what is indicated by each individual Bidder response box. Attach any supplemental information and appropriately reference within your response.

IMPORTANT – FOR RESPONSE BOXES THAT REQUIRE THE BIDDER TO ACKNOWLEDGE ACCEPTANCE, YOU CAN SIMPLY CHECK THE APPROPRIATE BOX PER THE BELOW EXAMPLE. THE STATE RESERVES THE RIGHT TO DEDUCT POINTS FOR EXCEPTIONS.

Bidder must check only one box below and identify exception(s):		
<input checked="" type="checkbox"/>	Bidder has reviewed the above section and agrees with no exception(s).	
<input type="checkbox"/>	Bidder has reviewed the above section and has noted all exception(s) in column to the right.	List all exception(s), including the justification as to why each exception is requested.

OFTEN IT WILL BE BIDDER RESPONSE BOXES THAT DO NOT ALLOW FOR EXCEPTIONS.

<input checked="" type="checkbox"/>	The Contractor agrees to this section.
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BACKGROUND

This Contract is for an Integrated Care Management Model that addresses the general health, psychiatric health, and medication needs of prisoners and delivers a full range of medically necessary services to prisoners under the jurisdiction of the MDOC in a cost-effective manner. The delivery of these services must be in compliance with MDOC policies, procedures and protocols (See Schedule A-14). If any applicable MDOC policy or procedure for a particular type of treatment provides for a lesser degree of care than good and acceptable medical standards, then such good and acceptable medical standard shall take precedence. If any applicable MDOC policy or procedure establishes a higher standard of care than good and acceptable medical standards, then such MDOC policy or procedure shall take precedence.

It is anticipated the contract effective date will be March 1, 2021. Although the contract effective date is March 1, 2021, the Contractor must begin providing all services, without interruption on October 1, 2021. The period between March 1, 2021 through September 30, 2021 will be for transition and implementation (if necessary); no payment will be made to the Contractor during this period. The State reserves the right to change, as necessary.

The Michigan Department of Corrections (MDOC), Bureau of Health Care Services (BHCS) continually evaluates and modifies its service delivery system to incorporate preventive health, population health and care management models that have been successful outside corrections in improving outcomes and reducing costs. By doing so, prisoner health outcomes improve, and recidivism is reduced. BHCS also continually tailors its approach to working with the larger health and human service delivery system - ensuring linkages are developed that are critical to reducing recidivism.

The MDOC currently contracts for general health care, psychiatric health care, and pharmaceutical services to an average of 36,000 prisoners annually at correctional facilities, reentry centers, and some county jails. This number includes prisoners from other jurisdictions (such as federal and county prisoners). The Contractor must provide services to all populations included on the MDOC Client Census.



From: Physician, Corizon (MDOC-Contractor) |
Sent: Monday, October 12, 2020 09:46
To: Chester, Bethany; Physician, Corizon B (MDOC-Contractor)
Cc: Corizon, RVP
Subject: RE: Risk Score Changes

PATIENT 1 was a newly diagnosed SMA infarction that responded to therapy and he did not lose any bowel. He is doing well on anticoagulant therapy.

PATIENT 2 is a new autoimmune hepatitis diagnosis and he has seen gastroenterology and is doing well on his treatment with prednisone. Despite the increases in their scores we are managing them well and they are individually doing well.

-Corizon Physician

From: Chester, Bethany
Sent: Tuesday, September 29, 2020 11:55 AM
To: Physician, Corizon (MDOC-Contractor); Physician, Corizon B (MDOC-Contractor)
Cc: Corizon, RVP
Subject: Risk Score Changes

Good Day,

I'm reporting the max risk score increases of 5 or greater between the last two months at your facility:

ID	Member Name	Facility	July Max Risk Score	August Max Risk Score	Visit Frequency	Max Risk Score Difference	Percent Increase
12345A	LAST, PATIENT 1	NCF	5.72	11.45	1-3 Months	5.73	100.2%
67890B	LAST, PATIENT 2	NCF	8.16	13.9	1-3 Months	5.74	70.3%

Providers, please log into your connect portal site for a summary.

Regards,
Bethany Chester, BSN, RN
 Case Manager

Risk stratification creates a culture, organization, and mechanism that promotes high quality and safe patient care. Risk stratification also benefits the patient care program by:

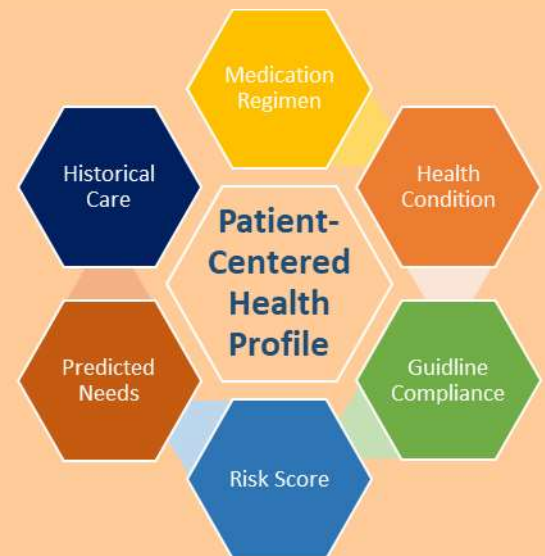
- Assuring the delivery of effective, efficient clinical care and patient self-management support
- Promoting clinical care that is consistent with scientific evidence and patient preferences
- Facilitating the appropriate use of medications to control illness and promote health
- Organizing patient and population data to facilitate efficient and effective care
- Mobilizing community (MDOC) resources to meet patient needs

Population Health Management

The advantages of IPRO include the following:



- Clinician-driven identification and stratification, helping providers flag individuals early, before the patient's health becomes catastrophic. The use of reviewing the Maximum Risk Score assists the provider with prioritizing attention and care to the patient.
- Easy-to-use strategic dashboards and opportunity reports, with data displayed to highlight key opportunities to enhance care or reduce unnecessary costs. These dashboards give the provider the information regarding missing age appropriate health screenings, disease control, and suggestions for follow-up testing.
- Direct engagement with providers to communicate gaps in care or other actionable clinical information. By accessing the information through IPRO's Connect Portal, the provider can review and "fill gaps in care."
- Business rules to measure quality and recognize and communicate gaps in care. IPRO has a capacity for over 700 evidence-based guideline measures including National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEIDIS) measures. These guidelines, which providers access in real time during a patient encounter, allow recognition of focus for the plan of care. This individualized approach is important in healthcare, within the community, and especially in the correctional setting.
- A comprehensive view by integrating clinical data and Health Risk Assessment (HRA) results to enhance the scope and impact of routine provider profiling and management reports. The tools provided in IPRO assist in providing up to date reporting to review the entire population. These tools also facilitate obtaining information to look at trends related to the aging population.
- Complete transparency of measure specifications and code sets for confidence in citing to provider groups. Use of this tool, with the collaboration of Corizon Health and the MDOC, drives the decision-making process by making evidence and data available for the population as a whole. It allows Corizon Health to review the aging of the population and to understand what is needed, i.e., provider visits, patient testing, and clinical support to this population. Additionally, as the population ages, health care costs increase. IPRO and provider education facilitate shared decision making which enhances the provider-patient relationship.



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Average Max Risk Score – All Facilities



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Data Analytics

Corizon Health collects data in many areas, everything from intake numbers, to prescriptions written, to off-site utilization. We can then identify industry trends and best practices. This enables us to partner with MDOC to change, improve, and recognize issues that might otherwise go undetected.

Applying detailed analytics enables us to determine if sites are performing at levels that vary significantly (better or worse) than our other sites. We can then determine what they are doing differently and fix the problems and replicate the solutions.

For example, the following sample screen shot provides a summary of emergency room visits from the company's statewide contracts. Shown are the Top 10 ED Visits by Provider, Hospital, and top 10 reasons for the ED visit.

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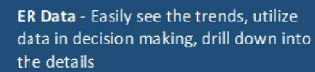
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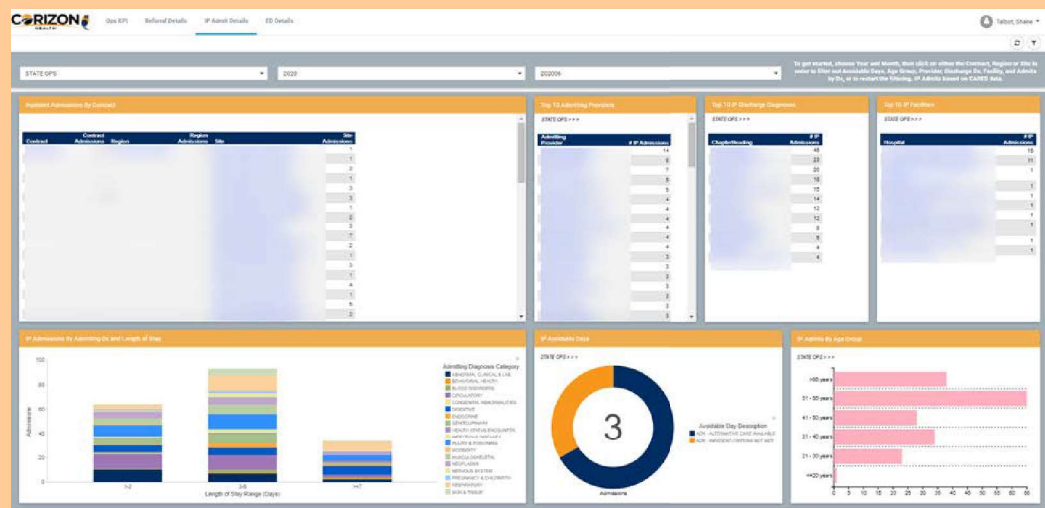
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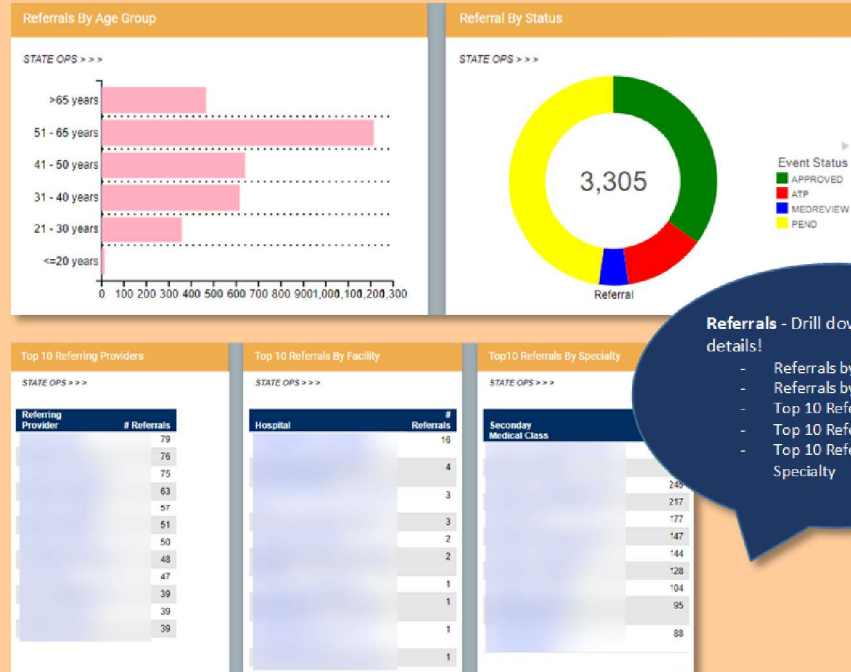


- ED Visits by Age Group
- Reasons for ED Visit with #s
- Top 10 ED Visits by Provider
- Top 10 ED Visits by Facilities



- Admissions by Facility
- Top 10 Admitting Providers
- Top 10 IP Discharge Diagnosis
- Top 10 Facilities
- IP Admissions by Admitting DX and LOS
- IP Avoidable days
- IP admits by age group





Referrals - Drill down into the details!

- Referrals by Age Group
- Referrals by Status
- Top 10 Referring Providers
- Top 10 Referrals by Facility
- Top 10 Referrals by Specialty

Population Health Management

At MDOC, Corizon Health proposes our continued use of Optum's **Impact Pro**, a clinical informatics solution that uses multidimensional, episode-based predictive modeling for population health management teams to target health care services to those individuals who will benefit most. Approved and appreciated by MDOC, Impact Pro identifies and stratifies patients by healthcare risk, complexity, and treatment need, which enables our healthcare providers to identify-high risk patients before disease conditions become complex. At MDOC, Impact Pro enhances cost savings by identifying those patients who would derive the most from targeted and specialized interventions before their health conditions becomes catastrophic.

The advantage of *Impact Pro* at MDOC includes the following:

- Clinician-driven identification and stratification, helping you flag individuals early, before their health becomes catastrophic;
- Easy-to-use strategic dashboards and opportunity reports, with data displayed to highlight key opportunities to enhance care or reduce unnecessary costs;
- Direct engagement with physicians, to communicate gaps in care or other actionable clinical information;
- Business rules to measure quality and recognize and communicate gaps in care (has over 700 evidence-based guideline measures including NCQA HEIDIS measures);

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